

To be completed by State Office – Date Received: _____

Grant Application Signature Page
State of Kansas Department of Health and Environment

Grant Period: July 1, 2015 – June 30, 2016

1000 SW Jackson, Suite 340
Topeka, Kansas 66612-1365

This form, complete with signatures, is required for all grant applications to be considered complete.
Upload to Catalyst as an attachment on the Organization Summary Page.
All applications due March 16, 2015.

Applicant: (Name of Agency) Wyandotte Pregnancy Clinic, Inc

Street Address/PO Box PO Box 12710

City Kansas City, Ks Zip Code 66112

Name of Director

Donna Kelsey

Primary Contact

Ron Kelsey

Telephone of Primary Contact

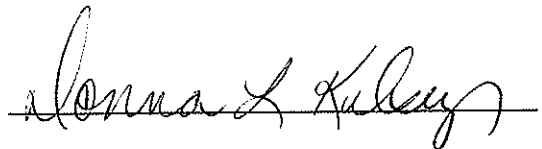
913-908-8290

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|---|---------|
| Child Care Licensing Program | |
| Chronic Disease Risk Reduction | |
| Community-Based Primary Care Clinic Grant | |
| Disease Intervention | |
| Family Planning | |
| Healthy Family Services | |
| HIV Prevention Program – Community | |
| HIV Prevention Program – Opt Out | |
| Immunization Action Plan | |
| Maternal & Child Health | |
| Pregnancy Maintenance Initiative (PMI) | 200,000 |
| PREP | |
| Public Health Emergency Preparedness | |
| Ryan White | |
| State Formula | |
| Teen Pregnancy Targeted Case Management | 100,000 |
| WIC/ICP Collaborative | |
| Total Funds Requested: | |

Signatures:

President/Chairman Local Board of Health or Board of Directors

Date: _____



Administrator/Director

Date: 3/12/2015